



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**BOARD OF PLUMBING, HEATING, VENTILATION, AIR
CONDITIONING & REFRIGERATION EXAMINERS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR HVACR LICENSURE
INSTRUCTION SHEET**

Selecting Type of License

The type of license you hold determines the HVACR services that you are permitted to provide.

Master HVACR – A Master HVACR can design, install, construct, maintain, service, repair, alter, or modify a product or equipment including gas piping in heating and air conditioning, refrigeration, ventilation, or process cooling or heating systems.

Master HVACR Restricted – A Master HVACR Restricted can provide HVACR services limited to **one** of the following specialties:

- Heating – Forced Air Systems, Ventilation, and Gas Piping
- Heating – Hydronic Systems and Gas Piping
- Commercial Hood Systems
- Refrigeration
- Air Conditioning
- Gas Piping

If you wish to provide services in more than one of these areas, you must apply for a Master HVACR license. If you already hold a current Delaware Master HVACR Restricted license, you must apply to upgrade to an unrestricted license.

You need a Master Plumber license in addition to a Master HVACR or Master HVACR Restricted license **if** you design, install, construct, replace, service, repair, alter, or modify the pipes, fixtures, and other apparatus used to bring the water supply into a building and remove liquid and water-carried wastes from a building. A Master Plumber can also install and connect gas piping. To apply for a Master Plumber license, see [Master Plumber Licensure](#).

Selecting Type of Application

The application asks you to select whether you are applying by examination or reciprocity. Whether you are applying by examination or reciprocity determines the types of documents you are required to submit and which sections on this Instruction Sheet pertain to you.

- If you hold a *current* license of the same type in another state, U.S. territory or the District of Columbia, apply by **reciprocity**.
- If you do not hold a *current* license of the same type in another state, U.S. territory or the District of Columbia, apply by **examination**.

Note: In the state of Pennsylvania, HVACR licenses are not issued by a state board. If the only current license(s) you hold was issued by a Pennsylvania municipality or other jurisdiction, you must apply by examination.

Requirements for All Applicants

These requirements apply to both reciprocity and examination applications.

- ☐ Submit a completed, signed and notarized [Application for HVACR Licensure](#).
 - Applications that are incomplete, unsigned or not notarized will be rejected.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
 - Applications submitted without this processing fee will be rejected.

- ☐ If you have ever held an individual Master HVACR or Master HVACR Restricted in any other kind of jurisdiction, arrange for the Board office to receive a *Verification of Licensure* (included in this packet) sent directly from each jurisdiction.
- The jurisdiction may be a state, U.S. territory, District of Columbia or any other governmental jurisdiction such as a city or county.
 - If a license was for an HVACR business that covered all its employees, instead of your own license as an individual, it is not necessary to obtain a license verification for that business.
- ☐ If you are applying for a Master HVACR, Master HVACR Restricted-Refrigeration, Master HVACR Restricted-Air Conditioning, submit a copy of your CFC Certification card.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Examination Applications

The following requirements apply to applications by examination in addition to the requirements in the **Requirements for All Applicants** section above.

- ☐ Whether you have a “Journeyman Certificate” determines what other proof you must submit.

IF you...	THEN these proofs are required:
have a Journeyman Certificate	Submit: <ul style="list-style-type: none"> <input type="checkbox"/> copy of your apprenticeship program <i>Certificate of Completion</i> <input type="checkbox"/> proof of <i>at least two years</i> work experience under supervision of a master licensee <i>after</i> receiving your certificate.
do not have a Journeyman Certificate	<ul style="list-style-type: none"> <input type="checkbox"/> Submit proof of <i>at least seven years</i> work experience under a master licensee’s supervision. <ul style="list-style-type: none"> • The Board will review the documentation of your experience. • If approved, the Board office will notify you that you may take the <i>Apprenticeship By-Pass Exam</i>, a state-approved series of tests offered by Delaware apprenticeship schools. • When you receive the notice, call one of these schools to schedule your test date: <u>New Castle County</u> – New Castle County VoTech (302) 683-3643 <u>Kent County</u> – PolyTech H.S. (302) 697-4545 <u>Sussex County</u> – Sussex Tech, Georgetown (302) 856-9035 <input type="checkbox"/> When you pass the <i>By-Pass Exam</i> (score of 70% or higher), send the official copy of the exam results to the Board office.

- A “Journeyman Certificate” is issued by a federally-approved HVACR apprenticeship program such as the Delaware Department of Labor.
- The **Proving Your Experience** section below explains what documentation you must submit to establish that you have the required years of experience.
- When the Board approves you to sit for the Master exam, the Board office will send you a candidate information packet. For more information about the Master exam, click [Testing](#).

Additional Requirements for Reciprocity Applications

The following requirements apply to applications by reciprocity in addition to the requirements in the **Requirements for All Applicants** section above.

- ☐ If *none* of the jurisdictions where you hold a *current* license has licensure standards that are “substantially similar” to those of Delaware, proof of experience is required. The table below shows whether to submit proof of experience.

IF you hold a <i>current</i> HVACR license in any of these states...	THEN the licensure standards...	AND you...
Connecticut, Maryland	are substantially similar	do not need to submit any proof of experience.
Alabama, Arkansas, District of Columbia, Florida, Georgia, Michigan, North Carolina, Oklahoma, Rhode Island, South Carolina, Virginia	are <i>not</i> substantially similar	<input type="checkbox"/> must submit proof of your experience under the supervision of a master licensee for <i>at least seven</i> years after licensure.
any state or U.S. territory <i>not</i> listed above	must be evaluated by the Board	<input type="checkbox"/> must submit a copy of the other jurisdiction’s law and regulations for evaluation.

- The Board’s decision on substantial similarity may change based, for example, on changes in the other jurisdiction’s law.
- If you must submit proof of experience according to the table above, see the **Proving Your Experience** section below.

Proving Your Experience

The sections above on **Requirements for Examination Applications** and **Requirements for Reciprocity Applications**, whichever applies to you, explain when to submit proof of your experience and how many years of experience you need. The following explains what documents you must submit.

- To prove your work experience for periods of **employment**, arrange for your supervisor(s) to complete the *Verification of Employment* included in the application packet. If you cannot obtain the required *Verification of Employment* form from the supervisor, you may substitute tax form W-2 or an affidavit of the employer or officer of the employing company. You must also enclose a statement explaining why you cannot obtain the *Verification of Employment* form from the supervisor.
- To prove your work experience for periods of **self-employment**, you may submit tax form Schedule C.
- Acceptance of proof of experience is at the Board’s discretion.



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TYPE OF APPLICATION

1. Select the type of license you are applying for (check **one**):

☐ Master HVACR

If you checked Master HVACR, do you already hold a current Delaware Master HVACR Restricted license?
Yes ☐ No ☐ If yes, enter the license number: HL - _____

☐ Master HVACR Restricted – I provide service in the following area (check **only one**):

- ☐ Heating – Forced Air Systems, Ventilation, and Gas Piping
- ☐ Heating – Hydronic Systems and Gas Piping
- ☐ Commercial Hood Systems
- ☐ Refrigeration
- ☐ Air Conditioning
- ☐ Gas Piping

If you are applying for a Master HVACR, Master HVACR Restricted-Refrigeration, Master HVACR Restricted-Air Conditioning, submit a copy of your CFC Certification card.

2. Select the situation that applies to you (check **one**):

☐ **Reciprocity** – I hold a *current* license of the same type in at least one state other than Delaware, a U.S. territory or the District of Columbia.

☐ **Examination** – I do not hold a *current* license of the same type in any state, U.S. territory or the District of Columbia.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

3. Name: _____
Last First Middle

4. Other Names: None ☐ _____

5. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: _____

City State Zip code

8. Phone: _____ Email: _____ None ☐
Work Home

JOURNEYMAN CERTIFICATE – Applicants for licensure by *examination* complete this section.

9. Do you have a journeyman's certificate issued by a federally-approved apprenticeship program? Yes ☐ No ☐ If yes, list school name and address below:

School/Program: _____

Address: _____
City State Zip Code

Enclose a copy of your *Certificate of Completion*.

LICENSURE HISTORY – All applicants complete this section.

10. Have you ever held an HVACR license in another jurisdiction of any kind including, but not limited to, another state, U.S. territory or the District of Columbia? Yes ☐ No ☐ If yes, list all licenses you have ever held:

JURISDICTION	TYPE OF LICENSE (e.g., Master HVACR)	LICENSE NUMBER	IS THIS LICENSE CURRENT?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

- Arrange for the Board office to receive a *Verification of Licensure* sent directly from the office each jurisdiction.
- If you are applying by reciprocity but do *not* hold a *current* HVACR license of the same type in at least one jurisdiction where the licensure standards are substantially similar to those in Delaware, submit a copy of the law and rules and regulations from each jurisdiction where you are *currently* licensed. See the Instruction Sheet for a list of jurisdictions that are substantially similar to Delaware.

WORK EXPERIENCE – All applicants complete this section.

11. List all periods of employment or self-employment to verify your experience. Start with the most recent period. You may use additional sheets as needed.

- If you are applying by examination *and* have a Journeyman's Certificate, enter **two years of employment experience**.
- If you are applying by examination but do *not* have a Journeyman's Certificate, enter **seven years of employment experience**. The Board must approve this experience before you are allowed to take the *Apprenticeship By-Pass Examination*.
- If you are applying by reciprocity but hold current licenses only in jurisdictions where the standards are *not* substantially similar to Delaware's standards (see list on Instruction Sheet), enter **seven years of employment or self-employment experience**.
- If you are applying by reciprocity and hold a *current* license in at least one jurisdiction where the standards *are* substantially similar to Delaware's standards (see list on Instruction Sheet), skip to the next section.

ENTER EMPLOYER NAME OR "SELF-EMPLOYED"	ADDRESS OF EXPERIENCE	DATES

For periods of *employment* listed above, arrange for your supervisor(s) to submit *Verification of Employment* form(s) describing your experience. If you cannot obtain the required form from the supervisor, you may substitute tax W-2 forms showing full-time employment and enclose a statement explaining why you cannot obtain the *Verification of Employment* form from the supervisor. For periods of *self-employment* listed above, submit tax form Schedule C.

DISCLOSURES - All applicants complete this section.

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a detailed explanation. Also, submit a certified copy of your criminal history record from each jurisdiction where you have been convicted or pardoned. If you have a Delaware criminal history, see [State Bureau of Identification](#) for information on obtaining the record.**
13. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, enclose a statement explaining fully and copies of any documentation related to the charges.**
14. Have you received any administrative penalties (disciplinary actions) regarding your HVACR practice in any jurisdictions, such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations; or have you been a party to a consent agreement containing conditions placed by a board on your professional conduct and practice, including any voluntary surrender of a license? Yes ☐ No ☐ **If yes, provide documentation for review by the Board.**
15. Have you ever had or do you now have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently authorized to provide HVACR services? Yes ☐ No ☐ **If yes, provide documentation for review by the Board.**
16. Do you have an impairment related to drug or alcohol use that would limit your ability to provide HVACR services in a manner that would pose a risk to the health, safety, or welfare of the public? Yes ☐ No ☐ **If yes, explain on a separate sheet of paper and provide any relevant documentation.**

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. If your application is approved by the Board, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I, the applicant named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief. **I understand that it is a violation of Delaware law to engage or knowingly cooperate in fraud or material deception in order to become licensed, 24 Del. C. §§1814(1) and 1827(1).** I hereby consent to the release of any information, by any person having such information, to the Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners regarding my education, background, or qualifications to be licensed. I understand that the Board will use such information in considering my application(s) to practice in Delaware. I hereby release and hold harmless from liability any person who in good faith provides any such information to the Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners. I understand that

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.



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VERIFICATION OF LICENSURE

Applicants for Plumbing or HVACR licensure should send this form to *each* jurisdiction (state, U.S. territory or District of Columbia) where you have ever held a license. You may duplicate the form as needed.

IDENTIFYING AND CONTACT INFORMATION – to be completed by applicant

1. Name: _____
Last First M.I.
2. Social Security Number: _____
3. Address: _____

City State Zip
4. Phone: _____ Email: _____
Work Home
5. Licensing Jurisdiction: _____ License Number: _____

LICENSE VERIFICATION – to be completed by Board office

1. Name of Licensing Agency: _____
2. Address: _____

City State Zip
3. Is the above-named applicant licensed to practice in the State of _____? Yes ☐ No ☐ If yes, enter:
Formal License Title: _____ License Number: _____
Original Issue Date: _____ Expiration Date: _____
4. Has any disciplinary action been taken against this license, or are any unresolved disciplinary actions or complaints pending against this applicant? Yes ☐ No ☐ **If yes, please enclose documentation of any administrative action.**

Agency Representative Signature: _____ Date: _____

Printed Name: _____

Title: _____

BOARD SEAL

Please return *directly* to Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners at address above.



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VERIFICATION OF EMPLOYMENT

Applicant: Send this form to each employer listed on the application. You may duplicate the form as needed.

APPLICANT INFORMATION – to be completed by applicant

1. Name: _____
Last First M.I.
2. Address: _____

City State Zip
3. Phone: _____ Email: _____
Work Home
4. Social Security Number: _____
5. Employer Name: _____
6. Employer Address: _____

City State Zip
7. Type of License Applied for: : ☐ Master Plumber ☐ Master HVACR ☐ Master HVACR Restricted

EMPLOYER AFFIDAVIT – To be completed by employer named above

The above-named applicant has applied to the Delaware Board of Plumbing and HVACR Examiners for licensure. Please complete this section and have it notarized. For purposes of this affidavit, the following definitions apply:

Supervision – Control and oversight by a master licensee who is an owner or full-time employee of the entity providing services. A supervising master licensee is responsible and accountable for the work performed under the supervising master licensee's license.

Master Plumber services – The design, installation, construction, replacement, service, repair, alteration, or modification of the pipes, fixtures, and other apparatus used for bringing the water supply into a building and removing liquid and water-carried wastes from a building. Plumbing services also includes the installation and connection of gas piping.

Master HVACR services – The design, installation, construction, maintenance, service, repair, alteration, or modification of a product or of equipment including gas piping in heating and air conditioning, refrigeration, ventilation, or process cooling or heating systems.

Master HVACR Restricted services – HVACR services that are limited to **one** of the following specialties:

- Heating – Forced Air Systems, Ventilation, and Gas Piping
- Heating – Hydronic Systems and Gas Piping
- Commercial Hood Systems
- Refrigeration
- Air Conditioning
- Gas Piping

1. Supervisor's Name: _____
2. Supervisor's License Type (check one): ☐ **Master Plumber** ☐ **Master HVACR** ☐ **Master HVACR Restricted**
☐ **Other Specify:** _____
3. Licensing State: _____ License Number: _____
4. Address: _____

City State Zip
5. Phone: _____ Email: _____
6. The applicant was under my supervision from: _____ to: _____
7. Applicant's Job Title: _____
8. Applicant's Job Duties: _____

AFFIDAVIT

I, the supervisor named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

Signature of Supervisor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

SEAL

Notary Signature: _____

My commission expires: _____

Return this form *directly* to the Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners at address above.